

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	1018448	FLING DATE
APPLICANT(S)		

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50						
TOTAL IND.	16					
TOTAL DEP.	19	↔	↔	↔		
TOTAL CLAIMS	25	100	100	100		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS